

## Washington State Nursing Program Substantive Change Request

Name of Nursing Program, College or University				
Program (Track)				
Nurse Administrator/Program Director				
Date Submitted		Date for proposed change to be effective		
The Nursing program listed above is requesting approval from the Washington State Nursing Care Quality Assurance Commission for the following Substantive Change. See <a href="WAC 246-840-554(3">WAC 246-840-554(3)</a>				
Provide the following: Please attach a cover letter addressing WAC 246-840-554 (3)(b i-v).				
Current Status	Proposed New Status			
Change in legal status, control, ownership or resources of the institution:				
Change in faculty composition of clinical or clinical simulation:				
Change in faculty composition when experience or experiences are not adequate to teach these specific areas:				
Change in required faculty to student ratios in clinical:				
Change the number of students admitted:				
Addition or deletion of a satellite or extended campus:				
Major curricular revision or changes in the length of the program:				
Changes in the program credits:				

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Current Curriculum	Proposed Curriculum			
Change in curricular delivery method:				
Change in nursing model or conceptual framework:				
Change in curriculum that changes the meaning or direction of the curriculum:				
Change in curricular scope and sequence. Include course number, description, outcomes, and topical outlines:				
Current Total Credits=	Proposed Total Cred	its=		
Changes that do not require commission approval:				
Movement of content from one course to another; formatting changes in syllabi.				
President of Institution's Email		Vice President of Instruction's Email		
Provost of Institution's Email				
I attest that the information provided to the Washington State Nursing Care Quality Assurance Commission accurately reflects nursing program credits and curriculum.				
Signature of Nurse Administrator		Date		

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